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## TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

Application Number	09/954,637
Filing Date	September 14, 2001
First Named Inventor	Christophe Lauga
Group Art Unit	2184
Examiner Name	
Attorney Docket No.	851963.402

### ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement; Form PTO-1449 <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input checked="" type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Declaration <input type="checkbox"/> Statement under 37 CFR 3.73(b) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> CD(s), Number of CD(s) _____ <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Copy of Filing Receipt with correction _____ _____ _____
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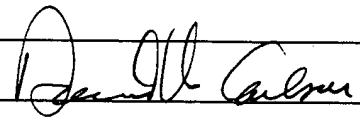
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Individual Name	David V. Carlson	 00500 PATENT TRADEMARK OFFICE
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Date	April 22, 2002	

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April 22, 2002  
Date

Jason Anover

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Christophe Lauga  
Application No. : 09/954,637  
Filed : September 14, 2001  
For : CIRCUIT SCAN OUTPUT ARRANGEMENT

Art Unit : 2184  
Docket No. : 851963.402  
Date : April 22, 2002

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There is an error with respect to the following data, which is incorrectly entered. There is an error in the Assignment For Published Patent Application data, which should read:

*STMicroelectronics* Limited, Buckinghamshire, UNITED KINGDOM



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The correction to be made has been marked in red on the copy of the enclosed Filing Receipt.

The correction is not due to any error by applicant and no fee is due.

Respectfully submitted,

Christophe Lauga

Seed Intellectual Property Law Group PLLC

David V. Carlson

Registration No. 31,153

Enclosures:

Postcard

Form PTO/SB/21

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Page 1 of 2

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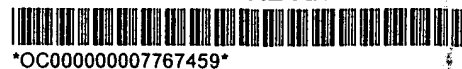
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/954,637	09/14/2001	2184	870	851963.402	7	10	2

CONFIRMATION NO. 6886 ✓

UPDATED FILING RECEIPT



\*OC000000007767459\*

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701 FIFTH AVE  
SUITE 6300  
SEATTLE, WA 98104-7092

Date Mailed: 04/02/2002

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Christophe Lauga, Westbury Park, UNITED KINGDOM;

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Assignment For Published Patent Application

~~STMicroelectronics~~ Limited, Buckinghamshire, UNITED KINGDOM;

STMicroelectronics

SEED INTELLECTUAL PROPERTY  
LAW GROUP PLLC

Domestic Priority data as claimed by applicant

Foreign Applications

If Required, Foreign Filing License Granted 10/16/2001

Projected Publication Date: 03/20/2003

Non-Publication Request: No

Early Publication Request: No

Title

Circuit scan output arrangement

Preliminary Class

714

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Bib Data Sheet

CONFIRMATION NO. 6886

<b>SERIAL NUMBER</b> 09/954,637	<b>FILING DATE</b> 09/14/2001 <b>RULE</b>	<b>CLASS</b> 714	<b>GROUP ART UNIT</b> 2184 2133	<b>ATTORNEY DOCKET NO.</b> 851963.402
<b>APPLICANTS</b> Christophe Lauga, Westbury Park, UNITED KINGDOM;				
** CONTINUING DATA ***** <i>None</i>				
** FOREIGN APPLICATIONS ***** <i>None</i> 11/8/04				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/16/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>11/8/04</i> Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>		STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 7	TOTAL CLAIMS 10
ADDRESS 00500		INDEPENDENT CLAIMS 2		
<b>TITLE</b> Circuit scan output arrangement				
<b>FILING FEE RECEIVED</b> 870	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	